

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90076 020 ***150.00

DOCUMENT # S06024

1. Entity Name
SUNRISE ST. PETE., INC.

Principal Place of Business LIGHTHOUSE CROSSINGS SHIPPING CTR 3993 TYRONE BLVD STE 304 ST. PETERSBURG FL 33709-4106	Mailing Address LIGHTHOUSE CROSSINGS SHIPPING CTR 3993 TYRONE BLVD STE 304 ST. PETERSBURG FL 33709-4106
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3035943		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**BOSC, PIERRE
 LIGHTHOUSE CROSSING SHOPPING CENTER
 3993 TYRONE BLVD.
 ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOSC, PIERRE	NAME	
STREET ADDRESS	3993 TYRONE BLVD.	STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG FL	CITY-STATE-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOSC, NICOLE	NAME	
STREET ADDRESS	3993 TYRONE BLVD	STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nicole Bosc **NICOLE BOSC** April 25, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)